PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									10	55	XX6	2
CLAIMS AS FILED - PART I								SMALL EN	TITY		OTHER	THAN
<u> </u>	 		(Column 1) (Column 1)			(Column 2)		TYPE		OR -	SMALL	ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAR	LARGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	217
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$100		All other situations = \$ 100 / \$ 200		E	XAM. FEE		1	EXAM. FEE	2000
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$200 / \$400		ALL other situations = \$ 250 / \$ 500		s	EARCH FEE		1	SEARCH FEE	407)
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =		1 -	X \$ 250 =	100
TOTAL CHARGEABLE CLAIMS			11 min	nus 20 =	*			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			7 m	ninus 3 =	. 4			X \$ 100 =		OR	X \$ 200 =	CCC
MUL	TIPLE DEPEN	IDENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	1000
* If the difference in column 1 is less than zero, enter "0" in column 2							-	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II OTHER -											THAN	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						_	SMALLE	NTITY	OR	SMALLE	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		. NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	\[\;	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ULTIPLE DEPE	DEPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =		
		TO	OTAL ADDIT.		ÖR	TOTAL ADDIT. FFF						
	•	(Column 1)		(Colum	ın 2)	(Column 3)	-			-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	>	(\$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	- \$ 180 =		OR	+ \$ 360 =	
								TAL ADDIT.		OR	TOTAL ADDIT. FFF	
	If the entry in colu	umn 1 is less than the	entry in column 2	, write "0" in	column	3.		_				
	If the "Highest Nu	imber Previousty Paid imber Previousty Paid nber Previousty Paid	For" IN THIS SPA	ACF is less	than '3'	enter "3"	the a	ppropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)

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